

1. Work requester fills out this section.

☐ Standing Work Permit

Requester: Don Lynch	Date: 06/30/06	Ext.: 2253	Dept/Div/Group: PO/PHENIX
Other Contact person (if different from requester): S. Marino			Ext.: 3704
Work Control Coordinator: Don Lynch		Start Date: 07/05/06	Est. End Date: 10/15/06
Brief Description of Work: BBC North and South Repairs			
Building: 1008	Room: IR	Equipment: n/a	Service Provider: PHENIX

2. WCC, Requester/Designee, Service Provider, and ES&H (as necessary) fill out this section or attach analysis

<b>ES&amp;H ANALYSIS</b>					
<b>Radiation Concerns</b>		<input checked="" type="checkbox"/> None	<input type="checkbox"/> Activation	<input type="checkbox"/> Airborne	<input type="checkbox"/> Contamination
Radiation Generating Devices:		<input type="checkbox"/> Radiography	<input type="checkbox"/> Moisture Density Gauges	<input type="checkbox"/> Soil Density Gauges	<input type="checkbox"/> X-ray Equipment
<input type="checkbox"/> Special nuclear materials involved, notify Isotope Special Materials Group			<input type="checkbox"/> Fissionable materials involved, notify Laboratory Criticality Officer		
<b>Safety Concerns</b>		<input checked="" type="checkbox"/> None	<input type="checkbox"/> Ergonomics	<input type="checkbox"/> Transport of Haz/Rad Material	
<input type="checkbox"/> Adding/Removing Walls or Roofs	<input type="checkbox"/> Confined Space*	<input type="checkbox"/> Explosives	<input type="checkbox"/> Lead*	<input type="checkbox"/> Penetrating Fire Walls	
	<input type="checkbox"/> Corrosive	<input type="checkbox"/> Flammable	<input type="checkbox"/> Magnetic Field*	<input type="checkbox"/> Pressurized Systems	
<input type="checkbox"/> Asbestos*	<input type="checkbox"/> Cryogenic	<input type="checkbox"/> Fumes/Mist/Dust*	<input type="checkbox"/> Material Handling	<input type="checkbox"/> Rigging/Critical Lift	
<input type="checkbox"/> Beryllium*	<input type="checkbox"/> Electrical	<input type="checkbox"/> Heat/Cold Stress	<input type="checkbox"/> Noise*	<input type="checkbox"/> Toxic Materials*	
<input type="checkbox"/> Biohazard*	<input type="checkbox"/> Elevated Work*	<input type="checkbox"/> Hydraulic	<input type="checkbox"/> Non-ionizing Radiation*	<input type="checkbox"/> Vacuum	
<input type="checkbox"/> Chemicals*	<input type="checkbox"/> Excavation	<input type="checkbox"/> Lasers*	<input type="checkbox"/> Oxygen Deficiency*	<input type="checkbox"/> Other	
* Does this work require medical clearance or surveillance from the Occupational Medicine Clinic? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<b>Environmental Concerns</b>		<input checked="" type="checkbox"/> None	<input type="checkbox"/> Work impacts Environmental Permit No.		
<input type="checkbox"/> Atmospheric Discharges (rad/non-rad)	<input type="checkbox"/> Land Use	<input type="checkbox"/> Soil Activation/contamination	<input type="checkbox"/> Waste-Mixed		
<input type="checkbox"/> Chemical or Rad Material Storage or Use	<input type="checkbox"/> Liquid Discharges	<input type="checkbox"/> Waste-Clean	<input type="checkbox"/> Waste-Radioactive		
<input type="checkbox"/> Cesspools (UIC)	<input type="checkbox"/> Oil/PCB Management	<input type="checkbox"/> Waste-Hazardous	<input type="checkbox"/> Waste-Regulated Medical		
<input type="checkbox"/> High water/power consumption	<input type="checkbox"/> Spill potential	<input type="checkbox"/> Waste-Industrial	<input type="checkbox"/> Underground Duct/Piping		
Waste disposition by:		<input type="checkbox"/> Other			
<b>Pollution Prevention (P2)/Waste Minimization Opportunity:</b>		<input checked="" type="checkbox"/> None <input type="checkbox"/> Yes			
<b>FACILITY CONCERNS</b>		<input checked="" type="checkbox"/> None			
<input type="checkbox"/> Access/Egress Limitations	<input type="checkbox"/> Electrical Noise	<input type="checkbox"/> Potential to Cause a False Alarm		<input type="checkbox"/> Vibrations	
	<input type="checkbox"/> Impacts Facility Use Agreement		<input type="checkbox"/> Temperature Change	<input type="checkbox"/> Other	
<input type="checkbox"/> Configuration Control	<input type="checkbox"/> Maintenance Work on Ventilation Systems		<input type="checkbox"/> Utility Interruptions		
<b>WORK CONTROLS</b>					
<b>Work Practices</b>					
<input type="checkbox"/> None	<input type="checkbox"/> Exhaust Ventilation	<input checked="" type="checkbox"/> Lockout/Tagout	<input type="checkbox"/> Spill Containment	<input type="checkbox"/> Security (see Instruction Sheet)	
<input checked="" type="checkbox"/> Back-up Person/Watch	<input type="checkbox"/> HP Coverage	<input type="checkbox"/> Posting/Warning Signs	<input type="checkbox"/> Time Limitation	<input type="checkbox"/> Other	
<input type="checkbox"/> Barricades	<input type="checkbox"/> IH Survey	<input type="checkbox"/> Scaffolding-requires inspection	<input type="checkbox"/> Warning Alarm (i.e. "high level")		
<b>Protective Equipment</b>					
<input type="checkbox"/> None	<input type="checkbox"/> Ear Plugs	<input type="checkbox"/> Gloves	<input type="checkbox"/> Lab Coat	<input type="checkbox"/> Safety Glasses	
<input type="checkbox"/> Coveralls	<input type="checkbox"/> Ear Muffs	<input type="checkbox"/> Goggles	<input type="checkbox"/> Respirator	<input checked="" type="checkbox"/> Safety Harness	
<input type="checkbox"/> Disposable Clothing	<input type="checkbox"/> Face Shield	<input type="checkbox"/> Hard Hat	<input type="checkbox"/> Shoe Covers	<input checked="" type="checkbox"/> Safety Shoes	<input type="checkbox"/> Other
<b>Permits Required (Permits must be valid when job is scheduled.)</b>					
<input checked="" type="checkbox"/> None	<input type="checkbox"/> Cutting/Welding	<input type="checkbox"/> Impair Fire Protection Systems			
<input type="checkbox"/> Concrete/Masonry Penetration	<input type="checkbox"/> Digging/Core Drilling	<input type="checkbox"/> Rad Work Permit-RWP No			
<input type="checkbox"/> Confined Space Entry	<input type="checkbox"/> Electrical Working Hot	<input type="checkbox"/> Other			
<b>Dosimetry/Monitoring</b>					
<input checked="" type="checkbox"/> None	<input type="checkbox"/> Heat Stress Monitor	<input type="checkbox"/> Real Time Monitor	<input type="checkbox"/> TLD		
<input type="checkbox"/> Air Effluent	<input type="checkbox"/> Noise Survey/Dosimeter	<input type="checkbox"/> Self-reading Pencil Dosimeter	<input type="checkbox"/> Waste Characterization		
<input type="checkbox"/> Ground Water	<input type="checkbox"/> O <sub>2</sub> /Combustible Gas	<input type="checkbox"/> Self-reading Digital Dosimeter	<input type="checkbox"/> Other		
<input type="checkbox"/> Liquid Effluent	<input type="checkbox"/> Passive Vapor Monitor	<input type="checkbox"/> Sorbent Tube/Filter Pump			
<b>Training Requirements (List below specific training requirements)</b>					
PHENIX Awareness, LockOut/TagOut affected, Working at heights, man lift training					
<b>Based on analysis above, the Walkdown Team determines the risk, complexity, and coordination ratings below:</b>			<b>If using the permit when all hazard ratings are low, only the following need to sign: ( Although allowed, there is no need to use back of form)</b>		
<b>ES&amp;H Risk Level:</b>	<input checked="" type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High	WCC:	Date:
<b>Complexity Level:</b>	<input checked="" type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High	Service Provider:	Date:
<b>Work Coordination:</b>	<input checked="" type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High	Authorization to start	Date:
(Departmental Sup/WCC/Designee)					

3. Both work requester and service provider contribute to work plan (use attachments for detailed plans)

<b>Work Plan</b> (procedures, timing, equipment, and personnel availability need to be addressed): All work is skill of the craft for PHENIX technicians and BBC collaboration experts. No special training or procedures are required as this effort has been performed periodically during previous maintenance periods without special procedures and/or planning without any unanticipated difficulties. Work will be continuously monitored by PHENIX lead technicians and cognizant engineer(s) for unexpected events/conditions/etc. which might require additional planning and/or coordination in which case efforts will be halted until appropriate planning and approvals are in place.				
Special Working Conditions Required: No				
Operational Limits Imposed: No				
Post Work Testing Required: No				
Job Safety Analysis Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Walkdown Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Reviewed by:</b> Primary Reviewer will determine the size of the review team and the other signatures required based on hazards and job complexity. Primary Reviewer signature means that the hazards and risks that could impact ES&H have been identified and will be controlled according to BNL requirements.				
<b>Title</b>	<b>Name (print)</b>	<b>Signature</b>	<b>Life #</b>	<b>Date</b>
Primary Reviewer				
ES&H Professional				
Other				
Other				
Work Control Coordinator	Don Lynch		20146	1/20/06
Service Provider				
	Review Done: <input type="checkbox"/> in series <input type="checkbox"/> team			

**4. Job site personnel fill out this section.**

Note: Signature indicates personnel performing work have read and understand the hazards and permit requirements (including any attachments).			
Job Supervisor:		Contractor Supervisor:	
Workers:	Life#:	Workers :	Life#:
Workers are encouraged to provide feedback on ES&H concerns or on ideas for improved job work flow. Use feedback form or space below.			

**5. Departmental Job Supervisor, Work Control Coordinator/Designee**

Conditions are appropriate to start work: (Permit has been reviewed, work controls are in place and site is ready for job.)			
Name:	Signature:	Life#:	Date:

**6. Departmental Job Supervisor, Work Requester/Designee determines if Post Job Review is required.** ☐ Yes ☐ No

Post Job Review (Fill in names of reviewers)			
Name:	Signature:	Life#:	Date:
Name:	Signature:	Life#:	Date:

**7. Worker provides feedback.**

Worker Feedback (use attached sheets as necessary) a) WCM/WCC: Is any feedback required? <input type="checkbox"/> Yes <input type="checkbox"/> No  b) Workers: Are there better methods or safer ways to perform this job in the future? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**8. Closeout: Work Control Coordinator (authorizing dept.) checks quality of completed permit and ensures the work site is left in an acceptable condition. (WCC can delegate clean up of work area to work supervisor)**

Name:	Signature:	Life#:	Date:
Comments:			

**Lynch, Don**

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**From:** Lynch, Don  
**Sent:** Friday, September 15, 2006 12:06 PM  
**To:** Giannotti, Paul  
**Cc:** Marino, Salvatore F; O'Brien, Edward; Haggerty, John; Woody, Craig  
**Subject:** Procedure for moving CM and carriages  
**Attachments:** PP\_2\_5\_5\_1\_01\_A.pdf

Paul,

At our meeting yesterday with PHENIX engineering and management concerning a power cable which was abraded due to contact with CM carriage rollers during a coordinated move of the CM, the following conclusions and action items were formulated:

Conclusions:

- 1 The incident occurred during a planned move of the CM as a part of maintenance and repair efforts for the BBC.
- 2 These efforts had been appropriately planned under work permit DRL-2006-004.
- 3 Movement of the CM is authorized by that permit and the procedure for moving the CM is detailed in standard PHENIX operating procedure No. PP-2.5.5.1-01, Rev. A issued 5-20-99.
- 4 All requirements of this procedure were adhered to by the PHENIX technicians, and the technicians involved followed safe and appropriate procedures to immediately establish a safe environment, evaluate the equipment involved and communicate the incident to appropriate PHENIX engineering and management.
- 5 PHENIX engineering and technical staff determined that a single power cable was involved, initiated both disposition of the equipment involved (repaired the abraded cable) and appropriate corrective action to prevent recurrence of the incident (redressed the cable slack and junction box location to prevent a repeat of this incident during future CM moves)
- 6 It was also concluded that the complexity of electrical, optical, water and gas systems adjacent to and connected to the CM has increased dramatically with the addition of several new detectors in the CM and the addition of the "Bridge" above the CM. The PHENIX operating procedure for moving the CM should be reviewed and revised as appropriate to ensure that this issue is appropriately addressed.
- 7 It was concluded that the incident did not involve personal injury, significant equipment damage nor the potential risk for such injury or damage as to warrant generation of an incident report beyond the organizational level. This memo shall be attached to work permit DRL-2006-004 as part of the work permit closeout documentation.

Action Items

1. Review PHENIX operating procedure No. PP-2.5.5.1-01 and update/revise as necessary. (Don & Paul).
2. Document findings in work permit DRL-2006-004 closeout.

Attached please find a copy of the PHENIX procedure for moving the CM and the carriages. I read it over and it seems to have been adequate in all respects in the past and remains adequate for moving the EC and WC between their 2 normal positions, but requires some improvements due to recent changes in the CM which have increased complexity of equipment, fluid lines, power, signal and optical cables traversing this structure. Specifically, I would note the following:

1. Paragraph 3.2 calls for a hydraulic operator plus 2 technicians. I believe that we should revise this section to indicate a hydraulic operator plus 4 technicians when moving the CM. For the EC and WC Operator and 2 techs are adequate.
2. Because of recent changes to the way certain cables and hoses are routed in the CM, we need to add to the procedure instructions on which cables and hoses need to be disconnected prior to moving the CM and how to ensure that the disconnected items are appropriately secured to prevent damage during move operations.
3. This procedure does not include moving the South Magnet. I do not know of a separate procedure for moving the South magnet and it seems this procedure would be an appropriate place to include that operation.
4. This procedure does not address moving the EC (nor MS, WC and CM) from the IR to the AH. I am not sure whether separate procedures exist for those tasks; if not we should create appropriate procedures.
5. The procedure does not adequately address the fact that the MMS needs to be restrained in order to move the CM (and conversely the CM needs to be restrained to move the MMS (this is hinted at in paragraph 5.3 but should be described in greater detail.

As a general comment concerning PHENIX procedures in general, I believe we should undertake a review of all PHENIX procedures and update, revise, consolidate, retire, etc. procedures so that we have appropriately documented all PHENIX documents and standards. This would be a good project for during the next run, and we would solicit significant input from our engineers and techs, and the rest of the PHENIX collaboration as appropriate.

Regards,

Don Lynch